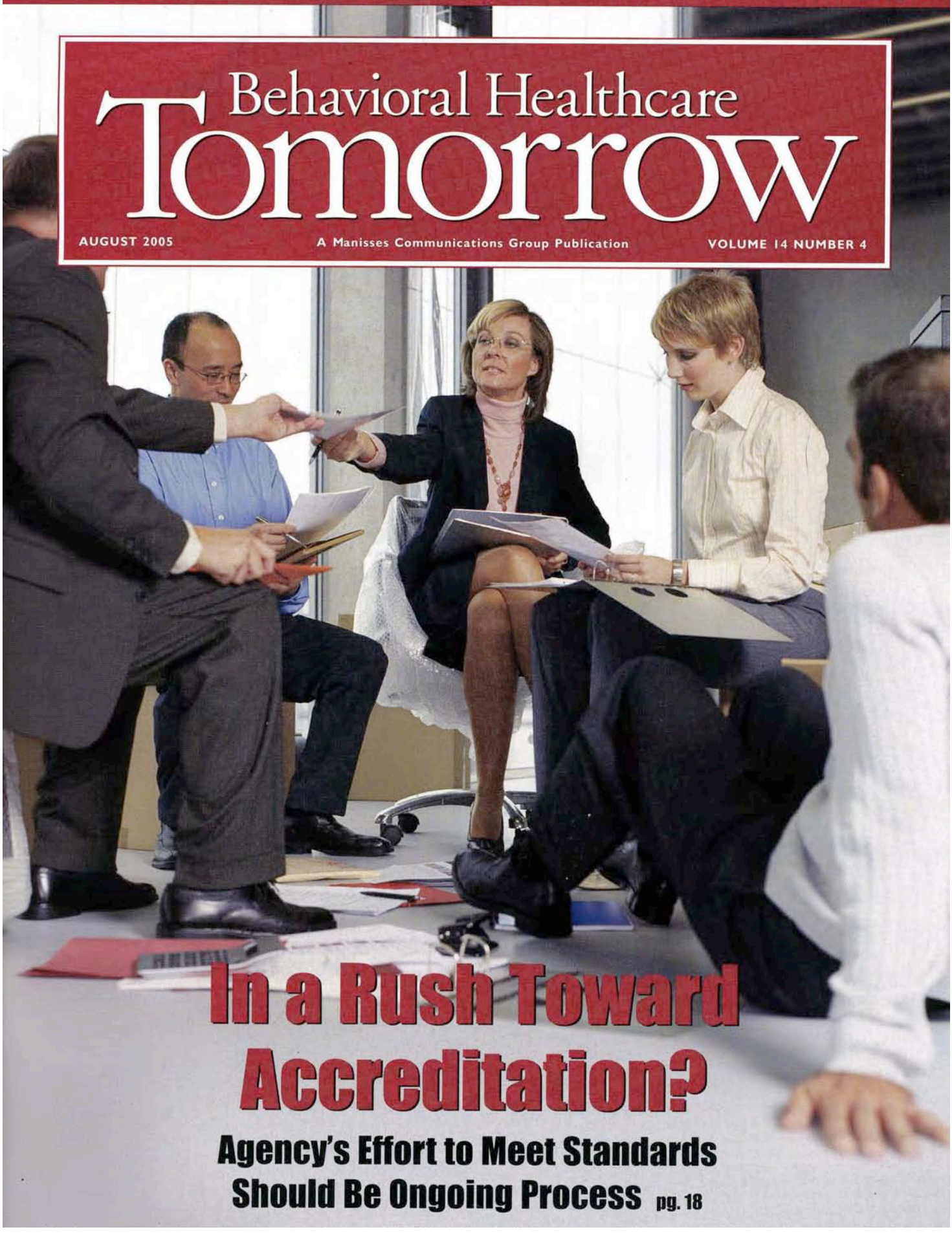
Addiction Advocacy Themes pg. PS1 • Evaluating State Parity pg. 25 • Recovery as a Business Strategy pg. 33

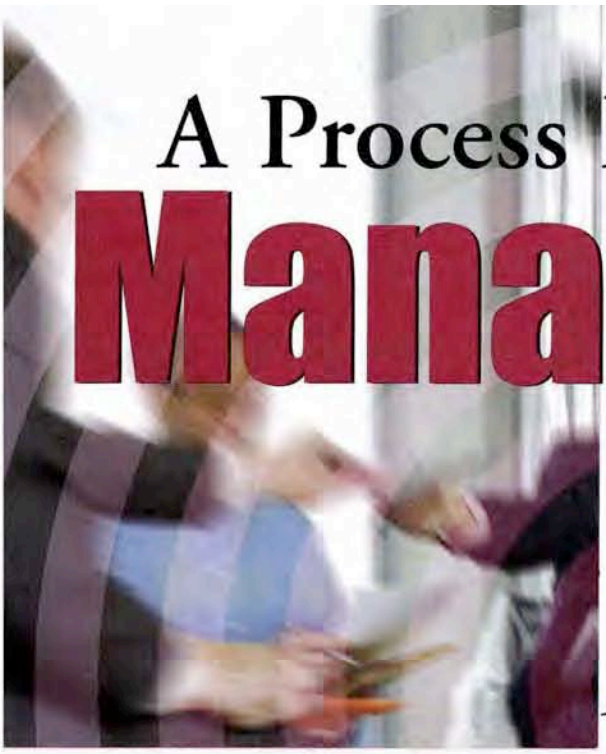
Behavioral Healthcare Tomorrow

AUGUST 2005 A Manisses Communications Group Publication VOLUME 14 NUMBER 4



# In a Rush Toward Accreditation?

## Agency's Effort to Meet Standards Should Be Ongoing Process pg. 18



# A Process Model for Managing National

By Robert Johnson and Diane Grieder

As accreditation consultants, more often than not, we hear something like this from the voice on the other end of the phone:

*"We need some help with our accreditation preparation. Our survey is coming up in six months. It has been a couple of years since our last survey and we need to get started with our preparation. Are there any new standards? Can you help us figure this out?"*

Although these types of calls can help pay a consultant's bills, providing assistance under this scenario essentially reinforces a reactive and disjointed approach to achieving and maintaining national accreditation.

National accreditation, be it under JCAHO, CARF, or COA, is now a reality for most behavioral health organizations, and is rapidly being mandated by both government and private regulatory entities throughout the United States and Canada. It is not going away, nor are the requirements going to decrease in the years to come. With the trends of "empirical and/or evidence-based practices" and "national benchmark quality indicators" coming to the forefront of the behavioral health field, accreditation takes an ever-increasing role in the ongoing functioning of both the business and clinical practices of organizations.

As accreditation consultants we believe the bottom line is this: Organizations that truly benefit from accreditation view it as an *ongoing process* involving ongoing conformance with published standards. Health and safety, employee training, quality improvement systems, strategic planning, information management, clinical competency, and assessment and treatment planning are among many areas of the accreditation standards that must be demonstrated on a day-to-day, week-to-week, month-to-month, and year-to-year basis.

We believe accreditation preparation and maintenance is *"an ongoing performance improvement process that functions within a structured information management system."* Approaching accreditation in this manner truly embodies the spirit and intent of national accreditation standards. It becomes a regular part of doing business.

So, why isn't accreditation for many organizations an ongoing process rather than an event? Wouldn't accreditation be more manageable if it were integrated into the everyday functioning of the organization?

Consider these statements from persons in organizations that struggle with accreditation preparation and maintenance:

*"We don't have time and are already so overworked with clinical demands and multiple regulatory requirements."*

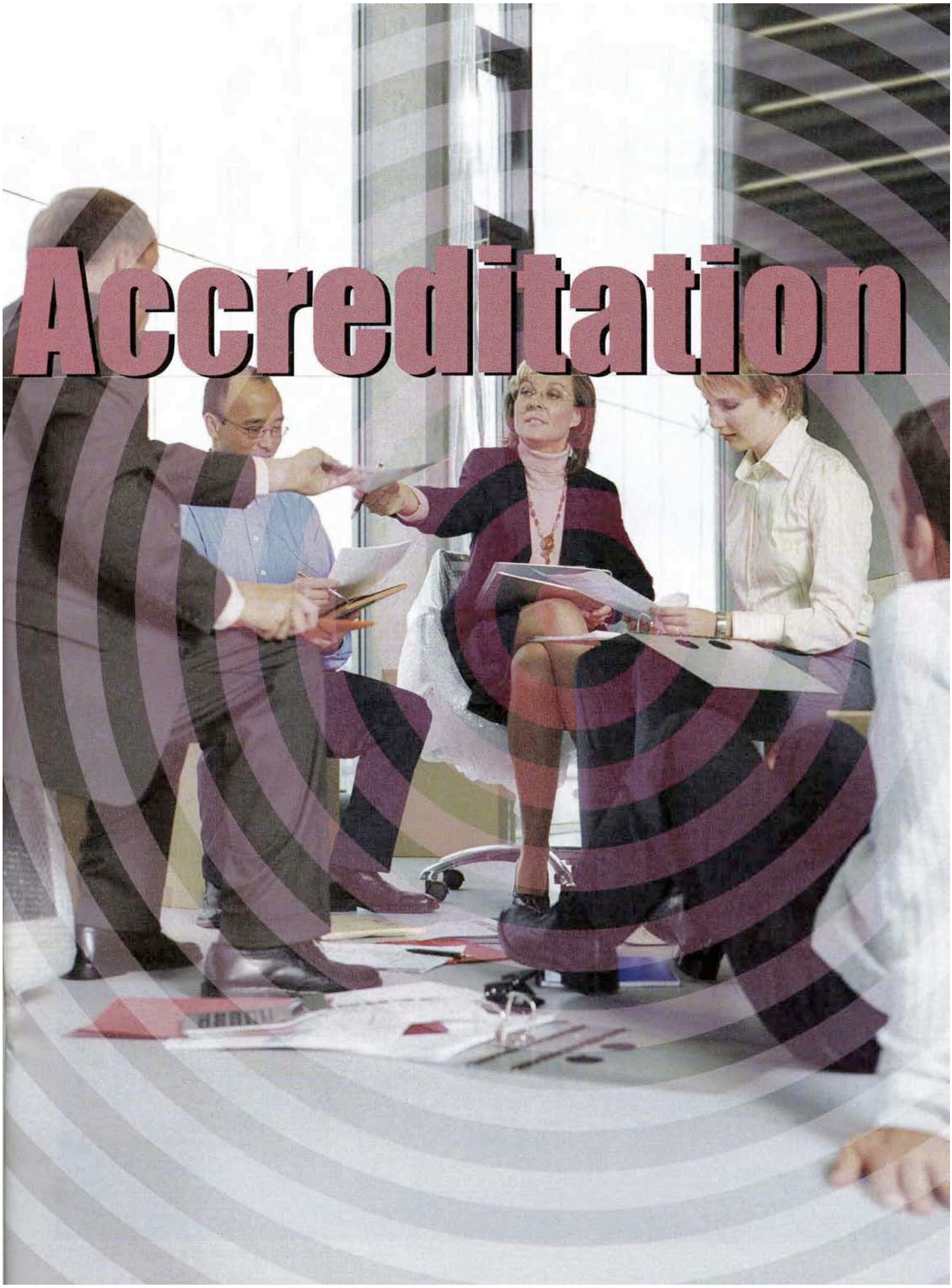
*"We already have a person that does all that accreditation stuff."*

*"We already have too many meetings."*

*"We can never keep up or remember all the things they require us to do."*

*"We can't seem to get any buy-in from staff around accreditation."*

# Accreditation



All of the above are commonly held beliefs in organizations feeling the pressure of regulatory guidelines and requirements. We address these issues through our "process model" for achieving and maintaining national accreditation.

Sit back, close your eyes, take a deep breath, and do the following visualization: During the six months prior to your accreditation survey there is nothing extra to do in terms of preparation, other than to continue "normal" operations. The survey takes place and your staff view it as "anti-climactic" or "not that much different from any other day."

A fantasy, you say? This is the reality of many of our customers who institute accreditation preparation and maintenance through the ongoing performance improvement process defined above. This approach addresses the "overworked" staff syndrome, the isolation of one person being responsible for maintaining accreditation, the "too many meetings" complaints, the "we can't keep up with it" pushback, and/or the lack of buy-in from staff.

Organizations utilizing this approach recognize the benefits. As Charles A. Hall, executive director of the Hampton-Newport News Community Services Board in Virginia, explains:

> *"While I believe our staff has the self-discipline to independently mark the milestones necessary for a successful accreditation experience, this very independent approach is what I wish to avoid. A valuable byproduct of the accreditation experience is that we pull diverse and dispersed staff together toward one common goal, regardless of whom they are serving and where these services are delivered. So, through accreditation, we are pursuing the highest-quality service possible in an organized fashion, to bring us together as a unified workforce for the good of the persons we serve."*

## Process model

National accreditation standards are essentially a comprehensive system of performance improvement guidelines and requirements. They provide a template for continuous performance improvement from both a business and clinical perspective.

The goal of a "process model" is to build a performance improvement system around accreditation standards and then to utilize a functional information management system to facilitate the process. Too often, organizations attempt to fit the requirements of accreditation into a management and performance system that has been re-tweaked every time a new regulatory requirement or upper-level manager has been introduced into the system. With this approach, accreditation requirements typically become "add-ons" and are not part of the everyday functions of the organization.

The process model we use sets the standards of accreditation as the foundation of the management and performance improvement system of an organization, and encourages other requirements of running a successful behavioral health organization to be integrated within that system, rather than the other way around.

*Wouldn't accreditation be more manageable if it were integrated into the everyday functioning of the organization?*

Using our definition of accreditation preparation and maintenance as *"an ongoing performance improvement process that functions within a structured information management system,"* let's look at the three areas that are critical for instituting this model.

### 1. Supportive Organizational Culture/Environment

All organizations have their own distinct culture. Although there can be many subcultures within an organization, those in positions of power define and determine the dominant norms within a system.

Outlined below are components of an organizational culture that support a process model of accreditation.

*Leadership that embraces change.* Strong leadership both leads and listens. It is open to change and supports creativity and initiative in the workplace through challenging employees to step out of their comfort zones.

*Stakeholder participation.* People (employees, clients, consumers, family members, referral sources) have opportunities, and are encouraged, to provide input for consideration in the decision-making process of the organization.

*Open channels of communication.* There are formalized structures defined by policy and procedure that guide how information is gathered and disseminated, how it is used for decision-making, and how results of decisions are monitored and reviewed.

## 2. Structured Information Management System

Whether an organization has 5 or 500 employees, having a formalized information management system is an essential component of a process approach to accreditation management. Outlined below are the most essential components of a structured information management system.

*Information delivery systems.* First of all, organizations must have, or develop, an information management system that provides a structured approach to gathering information, sharing information, analyzing information, and acting on decisions made based on information. An example of a structured approach would be demonstrated in an organization when a new employee would learn, through an orientation of policies and procedures, how information flows within the organization and how decisions are made utilizing that information for performance improvement.

*Regardless of the technology available, information should flow through formalized systems of delivery.*

Regardless of the technology available or the size of an organization, information should flow through formalized systems of delivery. These systems can range from copies of meeting minutes being dispersed to staff, to areas on an organization's intranet that contain the latest results of an employee satisfaction survey, to the owner of a clinic of five people meeting with all staff and communicating all aspects of the organization's ongoing operations through a formalized agenda.

Regardless of the size or type of system, be it a family system or a multinational corporation, the health of any system with two or more people depends on clean, clear, consistent and open communication. Accreditation cannot exist as a "process" without a well-functioning information delivery system.

*Formal meeting structure.* Regardless of the size of an organization, a formalized meeting structure is required to support accreditation as an ongoing process. In large organizations, this may be in the form of an executive management team with multiple secondary committees throughout the organization. In smaller organizations, the meeting structure may be one group of employees who represent all the specific areas and functions of the operation and who meet on a monthly basis.

Whether large or small, one committee or multiple committees, the following components are necessary to approach accreditation as a process:

- Meetings are scheduled and take place on a regular basis.
- Meetings are facilitated by persons who are skillful at keeping discussion focused, summarizing content, and getting participants to take ownership of noted problems.
- Meetings have a set agenda that documents all the areas of responsibility the group has been delegated to cover.
- Meetings result in legible minutes that note the current status of the agenda item, group discussion, the outcomes of discussions, actions to be taken, person(s) responsible for the actions, timelines for completion of individual actions, and the expected completion date of each action.
- The minutes are distributed to all members of the group (and to all other relevant stakeholders) within a week of the meeting.
- The minutes of the most recent meeting are used as a reference at the next meeting to review progress of the action steps.

## 3. Ongoing Performance Improvement Process

If a supportive organizational culture and information management system are in place, the final component of a process approach to accreditation is imbedding all the standards in an ongoing performance improvement process.

Outlined below are the most essential components of an ongoing performance improvement system that support accreditation.

*Integrating accreditation standards into performance improvement.* All national accreditation standards, whether JCAHO, CARF, or COA, can be directly linked to an area of performance within your organization. For a large organization with multiple committees that cover distinct areas of operations, the responsibility of meeting an individual standard or group of standards can be assigned to a committee whose focus overlays the standard or standards.

For example, a health and safety committee would be responsible for providing leadership and direction for meeting the standards of care in that particular area. Performance measures would be developed to assess the level of conformance to the standards. Duties would be assigned to members to carry out tasks to meet the standards, or to provide leadership to other areas of the organization covered by the requirements of the standards. The committee would be responsible for ensuring that the standards of accreditation were met when reporting to an executive management team.

For a small organization that may have a single "management team" and no committees, the overall safety function and responsibilities could be assigned to a member of the team. The meeting structure, agenda and minutes would serve as the method to meet the requirements directly. This approach can be used with all standards and groups of stan-

dards in the accreditation manuals.

*Job descriptions and performance evaluations.* This is a key area in making the "process" work. Once committees or individuals in an organization have been assigned performance improvement duties related to accreditation standards, linking that responsibility to job descriptions and annual performance evaluations adds accountability to the process. If accreditation standards become a part of your daily operations, the degree to which those daily operations are performed can be evaluated and integrated into performance goals for the coming year.

## Conclusion

Instituting accreditation preparation and maintenance as *"an ongoing performance improvement process that functions within a structured information management system"* requires a strong commitment from leadership, a measured and organized approach to making it happen, and follow-through until the "process" is running smoothly.

Once the process is implemented and components are tweaked and tuned up, you will be living the standards in your day-to-day operations, and what you once experienced as the dissonance of outside regulatory requirements imposed on your organization will no longer be a part of your experience.

---

*Robert Johnson and Diane Grieder are managing partners in an accreditation support service,* ***www.accreditationnow.com.*** *This web-based subscription service supports organizations in obtaining and maintaining CARF accreditation. In addition, Johnson and Grieder both maintain consultation practices focused on accreditation, organizational development, and clinical best practices. In the October 2004 issue of* Behavioral Healthcare Tomorrow, *Grieder co-authored an article on the role of person-centered treatment planning in furthering recovery.*